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| Harmony Equine Therapy UK - Initial client consultation form |
|
|  Client Name: |  Telephone:  |  Email: |
|
|  Horse Name:  |  Breed: |  Age: |  Sex: |
|
| Service: Equine Sports Massage Therapy |  Height: hh |  Previous Injuries/ Conditions: |
|
|   Address: |
|
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|
|  Current Medication: | Horse Purpose (i.e. Discipline):  |  Vet Name: |
|
|   Vet Contact Info (telephone and email): |
|   Tack (currently used):  |
|
|  Vices (temperament):  |
|
|
|
|  Field Tack: |  Any Groundwork or Polework exercise (and how frequent):  |
|
|  Turned out or Stabled:  |
|
|  Previous Therapy Experience: | How is food provided in stable: Hay net On the floor |
|
|   Horse Stable Behaviour: |  Ridden Behaviour:  |
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|
|   I agree and understand that no representative of Harmony Equine Therapy will offer a diagnosis or treatment to my horse |
|  Print Name: |  Signature: |
|
| Do you give permission for photos of your horse (and it's name) to be posted on the Harmony Equine Therapy social media pages? |
|
| Yes No |

Are you happy for Harmony Equine Therapy UK to contact your vet on record on your behalf to gain veterinary permission prior to your initial equine sports massage therapy session. This is in accordance with the Veterinary Surgeon’s Act 1966, veterinary permission must be gained in order for equine sports massage therapy to be performed on the horse.

Yes No